The overall Massachusetts adolescent birth rate for 2002 (the most recent year for which data is available) was 22.6 births per thousand for women ages 15-19. The Massachusetts teen birth rate declined by 34.5% in the last decade, while the national teen birth rate declined 29.3% during the same period. Black non-Hispanic teens have had the greatest decrease in birth rates, 49% from 1990 (89.2) to 2002 (45.9); the White non-Hispanic birth rate decreased by 44% (from 24.0 to 13.4) while Hispanic teen birth rate declined the least at 37% (from 120.7 to 76.4). Teen births were highest for the Hispanic population (16.3%), followed by Black non-Hispanic (10.6%), White non-Hispanic (3.7%), and Asian (3.9%). Massachusetts' communities with the highest teen births are comprised of mostly with populations of color, and continue to have significantly higher rates than the state average.

In 2003, the overall STD rates for gonorrhea were 45.2 per 100,000 and 177.5 per 100,000 for chlamydia. Improved STD screening efforts in recent years and fluctuation of population estimates coupled with a varying college population influx are factors that may affect the rates of both diseases, which have increased nearly every year since 1997.

The 2003 Massachusetts Youth Risk Behavior Survey reported that about 59% of all high school youth surveyed were not sexually active. Among adolescents who were sexually active, the highest reported sexual activity was among Hispanic (59%), followed by blacks (56%) and white (37%). About 6% of adolescents reported initiating sex before age 13. Students who had sexual intercourse in the three months preceding the survey were significantly more likely than students who were not sexually active to report current alcohol use (67% vs. 36%), experiencing sexual contact against their will (18% vs. 5%), and experiencing dating violence (21% vs. 5%). Sexually active students

were significantly less likely to report receiving mostly passing grades than their counterpart (84% vs. 90%). Students who reported being sexual active in the past three months were less likely to report that there was a parent or other adult family member they could talk to about things that were important (29% vs. 34%), less likely to have participated in volunteer or community work (25% vs. 33%, and less likely to have participated in organized extra-curricular activities (24% vs. 36%).

The Commonwealth of Massachusetts, through the Department of Public Health, continues to demonstrate a strong commitment to significantly increase the number of youth who abstain from sexual activity, delay the onset of sexual activity and decrease the number of adolescent births. The goal of this initiative is to provide an abstinence only program.

**Abstinence Education in School** – Two abstinence school-based programs are funded by the state legislature for the designated communities of Pittsfield and North Adams. Program activities are designed to increase abstinence and self-esteem and provide after-school options for middle-school youth. Total FY '05 funding is $250,000, an increase of $25,000.00 from the previous year.

The primary goal of the Massachusetts Abstinence Education Project is to significantly increase the number and percentage of youth that remain abstinent outside of marriage. The four objectives are to:

1. Increase self-esteem, pride and a sense of future self-sufficiency in adolescents (ages 10-14);
2. Support parents to instill positive values and set clear limits and behavioral expectations for their children;

3. Educate youth about the association between alcohol and other substances in relationship to sexual assault and the ability to remain abstinent; and
4. Increase youth's ability to avoid peer pressure, unhealthy and abusive relationships.

The Abstinence Education Project continues to support priorities as defined by Congress. The Abstinence Education Project is intended to: increase awareness regarding the importance of abstaining from sexual activity outside of marriage for youth; encourage family and community support; instill a sense of pride in youth who choose to remain abstinent. As with the previous years, for fiscal year '05, Massachusetts will continue to focus its efforts on implementing a project that is consistent with the definition of the Congress. The Department understands the full intent of the legislation and in partnership with our contractors and constituents, we will continue to ensure that all program components and materials developed do not conflict with any of the definitions.

**ABSTINENCE EDUCATION PROJECT PROPOSAL PLAN FOR FY05**

For Fiscal Year '05, continued efforts will focus on adolescents ages 10 – 14 and their families, with an emphasis in Hispanic and Black communities, recognizing that early intervention impacts later behaviors. Anecdotal evidence and focus groups conducted with youth with disabilities and parents of youth with disabilities have highlighted issues of sexual abuse and exploitation (objective 4). Particular attention will be directed towards youth with disabilities and their parents/caretakers through distribution of products and materials developed in FY '04, which will enhance collaboration and allow the project to develop additional means to serve this population.

The project will also collaborate with school settings that target families and youth with disabilities.

The Abstinence Education Project will continue to address the six performance measures instituted since the inception of the project.

Goal 1: To lower the pregnancy rate among teenagers, especially those aged 15-17.

Measure: The pregnancy rate for teenagers aged 15 through 17.

Objective: Reduce pregnancies among females ages 15-17 to 32.4 per 1,000.

Data Source: MA Registry of Vital Records, CDC, Alan Guttmacher Institute, U.S. Census Bureau

Data Issues: Massachusetts does not report teen pregnancy rate data. Among available teen pregnancy data for MA, however, the data published by Alan Guttmacher Institute (AGI) is believed to be the most reliable due to their extensive efforts to obtain accurate abortion data from providers. For reporting here, we draw on the year 2000 estimated number of pregnancies to MA females ages 15-17 published in AGI's most recent report (updated February 19th, 2004) [1]. The 2000 teen pregnancy rate that we report here is slightly different from that published by AGI as AGI uses National Center for Health Statistics population estimates for MA for its denominator while we chose to use the 2000 Census counts from the Census Bureau.

Outcome: AGI gave an estimate of 3,880 pregnancies (estimated number of abortions and miscarriages plus births) among MA 15-17 yr old females in

[1] The Alan Guttmacher Institute, U.S. Teenage Pregnancy Statistics: Overall Trends, Trends by Race/Ethnicity, and State-by-State Information, 2004.

2000, and 4,080 pregnancies in 1999. Therefore, the teen pregnancy rates that we calculated using the 2000 Census population counts are 33.2 per 1,000 females ages 15-17 in 2000, and 34.9 in 1999. Previously, AGI reported a pregnancy rate for this age group of 48 for 1996, while the CDC reported rates of 42.2 and 41.3 for 1996 and 1997, respectively. While the rates for earlier years may be subject to change due to revisions in the population estimates for 1990-2000 based on 2000 Census counts, the 1996-1997 pregnancy rates are likely to remain substantially higher than the 1999-2000 rates, indicating that pregnancies among 15-17 yr old females in MA declined dramatically during the late 1990's. This decline is due to both a decrease in the number of abortions, as well as in the number of births. According to the AGI, the abortion rate among MA women ages 15-44 (data for MA 15-17 yr olds only is unavailable) declined 26% between 1996 and 2000, representing the second largest decline among states that had at least 10,000 abortions in 1996.[2] Moreover, the rate of births to MA females aged 15-17 (see Goal 4) declined 13% between 1997-2000.

Goal 2: To reduce the proportion of adolescents 17 and younger who have engaged in sexual intercourse.

Measure: The percent of high school age adolescents who have engaged in sexual intercourse during the reporting period. (Grades 9-12)

[2] Finer, L.B. & Henshaw, S.K. Abortion incidence and services in the United States in 2000. **Perspectives on Sexual and Reproductive Health. 35(1)**:6-15, 2003

Objective: Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 39.5% for all youth in grades 9-12.

Data Source: Massachusetts Youth Risk Behavior Survey (YRBS)

Data Issues: The YRBS is administered every other year and was last administered in the spring of 2003. The minority population sampled by the YRBS in a given year is usually small and the data may not accurately reflect the areas of the state where media and other community-based efforts made during the previous grant period were concentrated, i.e., ethnically diverse urban communities with large populations of Hispanic and black youth.

Outcome: In 2003, 41% of all Massachusetts high school students had ever had sexual intercourse during their lifetime, down from 44.3% in 2001, and from 48.7 in 1993. The decline of 3.3 percentage points between 2001 and 2003 represents the largest decrease between survey years since the inception of the MA YRBS in 1993. However, the decline in the overall rate masks some disturbing trends among specific subgroups of MA teens. Specifically, 2003 was the first year in the history of MA YRBS administration that the percentage of girls who had had sexual intercourse (41.1) was comparable to the percentage among boys (40.8). In previous years, the percentage of boys was consistently higher than girls (e.g., in 2001, it was 46.3 vs. 42.3, respectively). This convergence of rates occurred because the rate among boys declined more rapidly between 1993 and 2003 (51.4 to 40.8), than did the rate among girls for the same period (46.0 to 41.1). In particular, the decline between 2001 and 2003

was much greater among boys (46.3 to 40.8) than among girls (42.3 to 41.1). While rates significantly declined during this period for white non-Hispanic and black non-Hispanic youth, the rate among Hispanic youth showed little or no change (56.5 in 1993 to 59.2 in 2003). It appears that the lack of change in the rate for Hispanic youth is largely due to a dramatic increase in the rate among Hispanic girls (38.2 in 1995 to 53.8 in 2003), while the rate among Hispanic boys declined somewhat (76.1 to 65.3 during same period). The data highlights a need to particularly address girls, especially Hispanic girls, in current abstinence education efforts.

Goal 3. To reduce the incidence of STD's among adolescents.

Measure: The rate of teenage youths, 15-19 years old who have contracted a bacterial STD, specifically chlamydia or gonorrhea, during the reporting period.

Objective: Reduce the adolescent STD rates to 872 per 100,000 youth ages 15-19 for chlamydia and 146 per 100,000 for gonorrhea.

Data Source: MDPH STD Program Surveillance System

Data Issues: In the calculation of the incidence rates for chlamydia and gonorrhea among youth ages 15-19, we used the 2000 Census Bureau counts. However, for future non-Census years, we will use the latest population estimates produced by the MA Institute of Economic and Social Research (MISER). We deem MISER estimates to be more accurate than Census estimates because MISER annually updates its estimates using more

detailed information about MA communities than is available through the Census. For example, the MISER estimates adjust the Census numbers up for the teen and college-aged population in MA, since there is a significant movement of college students in and out of the state each year that is not well accounted for by the Census.[3] As 2001 and 2002 population estimates are not yet available from MISER, we used the 2000 Census counts for calculating the 2002 and 2003 STD rates.

Outcome: The number of new chlamydia cases remained almost unchanged between 2002 and 2003 (3,607 to 3,602) while the number of gonorrhea cases declined substantially (746 to 614). These trends indicate a potential stabilization or reversing of the trend of previous years when the rates of both diseases increased nearly every year since 1997. The previous increases may in part have been due to improved STD screening efforts in recent years. The 2002 and 2003 rates will be recalculated once population estimates are available for those years.

Goal 4: To lower the birth rate among teenagers, especially those aged 15 - 17.

Measure: The birth rate for teenagers aged 15-17 years at the time of delivery.

Objective: To maintain a birth rate for adolescent females aged 15-17 at no more than 15.0 per 1,000.

Data Source: MA Registry of Vital Records, MA Institute of Economic and Social Research (for population estimates)

[3] Roy, C. Census Shortchanges State on Students, Official Says. Boston Globe. May 23, 2003

Data Issue: The 2000 Census count was used to calculate the 2002 teen birth rate since the MISER estimate is not yet available for the inter-censal years following the 2000 Census. The 2002 rate will be re-calculated once updated population estimates are available. The 2003 teen birth data is not yet available.

Outcome: The numbers and rates of teen births among MA females ages 15-17 years continue to decline. The rate has declined to 12.8 per 1,000 in CY 2002, down from 17.2 in 1997.

Goal 5: To increase parental support for abstinence efforts.

Measure: The percentage of parents with children under age 17 who report a change in knowledge, attitude and beliefs consistent with the importance of adolescents remaining abstinent outside of marriage.

Definition: Numerator: Number of parents with children between the ages of 13 and 17 years who report a specific attitude or behavior of interest.

Denominator: Number of parents with children between the ages of 13-17 surveyed.

Data Source: Massachusetts Behavioral Risk Factor Survey (BRFS)

Data Issues: In 1998, questions on exposure to teen abstinence messages, frequency of conversation about sexuality issues between parents and children, and attitude regarding youth sexual activities were added to the BRFS. Over-sampling was done in large urban communities, which tend to have large Hispanic and black populations. Data presented here are weighted to account for oversampling, as well as to address non-response bias. Focus

groups and other assessments were also conducted in 1998-2001 in order to obtain more in-depth, qualitative information regarding these topics.

Outcome: In 2003, among interviewed parents with 13-17 yr old children in their household, the large majority (79.5%) reported having ongoing and frequent communication (at least every few months) with their teens about sexual issues. While this percentage remains high, there is some cause for concern. This proportion grew steadily from 1998 to 2002 (74.6 to 83.3), but now shows a decline to 79.5 in 2003, indicating a need for renewed efforts to educate parents about the importance of communicating with their teens about the risks of early sexual activity.

Goal 6: The percent of youth who reported having had a conversation with their parents or other adults in the family about sexual issues at least every few months.

Measure: The percentage of youth that report a change in attitude, knowledge and beliefs.

Objective: To increase to 26% the percentage of youth in Massachusetts who report having had a conversation every few months with a parent or other family adult about sexual issues including STDs/HIV and pregnancy, prevention and abstinence.

Definition: Numerator: Number of high school youth reporting having at least one conversation about sexual issues with a parent or other family adult every few months.

Denominator: Total number of youth surveyed.

Data Source: MA Youth Risk Behavior Survey

Data Issue: A single question was added to the MA YRBS starting in 1999 to assess frequency of youth communication with a parent or family adult about sexual issues and ways to prevent HIV/STD's and pregnancy. This question is very similar to the question added to the adult MA BRFS regarding parent-teen communication about sexual issues (see Goal 5).

Outcome: In 2003, 24.5% of MA high school youth (grades 9-12) reported having had a conversation with a family adult about sexual issues at least once every few months, showing little change since 2001 (24.0%), and down slightly from 26% in 1999. This percentage is in striking contrast to the percentage of parents in the 2003 BRFS who reported having had a conversation with their teenager at least every few months (79.5%). This disparity is consistent with other study findings comparing parent and teen reports of the frequency of communication about sexual issues.[4,5]

The Massachusetts Department of Public Health remains committed to increasing the number of youth that choose to remain abstinent and reducing adolescent births. For FY '05, the Project will include the following components:

1. Beginning in April 2005, a planning process will be initiated in collaboration with the Massachusetts Department of Education to determine approaches to implementing classroom only abstinence education in schools.

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[4] Jaccard, J., P. J. Dittus, et al. (1998). Parent-adolescent congruency in reports of adolescent sexual behavior and in communications about sexual behavior. Child Development **69(1):** 247-261.

[5] King, B.M., Lorusso, J. (1997) Discussions in the home about sex: Different recollections by parents and children. Journal of Sex & Marital Therapy **23**: 52-60.

2. Maximize use of existing and complimentary materials e.g., brochures, posters, booklets, videos, and health messages, produced in the previous years. Modify and adapt those materials that would be effective for targeted classroom use.
3. Produce a number of educational materials (booklets, teen magazine, CD-Rom, brochures, products catalog) and complimentary products (collaterals) that educate youth and parents on sexual abstinence and that are usable in targeted classrooms. All project materials will continue to be medically accurate and field-tested for its targeted audience. The MA Department of Public Health and its contractors ensure that all materials adhere to the definitions set forth for the Abstinence Education Project A-H guidelines.
4. Revise, test, and enhance the Health Discussion Guidance produced in Fiscal Year '03 to be used in schools settings. This activity is already underway. Once completed, the project anticipates this material could be used for abstinence education within targeted classrooms, depending on the outcome of the planning process identified previously.
5. Host and/or participate in four focus groups with youth and parents and/or meetings. The purpose of such activities are to receive continued comments and input on different aspects of the project, as required in the grant announcement. ( Completed by September 30, 2005)
6. Participate in at least four statewide community events to promote awareness, distribute materials, and garner information for project activities to date. (Completed by September 30, 2005)

7. Continue to disseminate existing materials through targeted distribution and product announcements.
8. Continue and/or modify the comprehensive evaluation process of the Massachusetts Abstinence Education Project to reflect the outcomes of the planning process described in #1.

Again, dependent on the outcome of the planning process to be implemented during the second half of FY05, project activities will continue to be developed with input from the priority populations whose advice will help guide the Massachusetts Department of Public Health in collaboration with the Department of Education in the development, implementation, and assessment of project activities. Statewide priority populations will include youth, including youth with disabilities, boys and girls ages 10-14, parents and families, with a primary focus on the Hispanic and Black communities and the school settings that target these groups.

When requested, materials will continue to be made available to all cities and towns statewide. Schools, parents, and community organizations that serve youth and their families continue to request materials and products developed in previous years. Schools and communities with the highest concentration of pregnancy, births, and sexually transmitted diseases among youth will be targeted for distribution, focus groups, meetings, and additional materials development. When parents and providers call with specific requests, the project staff will continue to make referrals as appropriate.

Extensive focus group testing with youth and adults will continue to ensure that materials developed are culturally, linguistically, gender and developmentally appropriate. The project vendor, Geovision, Inc., selected through a competitive process,

will be responsible for developing and adapting materials in English and Spanish. Materials will be provided to schools, religious, social service and health institutions.

To date, evaluation data has consistently informed program planning and product development, providing feedback for the program to assess if materials and messages have reached the intended target populations and consumer satisfaction. In previous years, the evaluation has served the program in three ways: 1) assessing audience reactions to the health messages; 2) assessing providers' use of and satisfaction with educational materials; and, 3) providing information on key marketing and distribution. The project has learned that targeted distribution and product announcements were the most effective strategies for disseminating materials to providers. The project changed from a mass distribution strategy to a more systematic plan whereby the program identified audience specific segments and considered how each group might use educational materials. As the planning process is implemented, it is expected that an evaluation process will similarly guide and inform abstinence education in classrooms. The project recognizes that a sound and credible evaluation at this juncture will require a new external evaluator. Program staff previously have considered key criteria for hiring an external evaluator, and likely bidders will include schools of public health and research institutes. Depending on the outcome of the planning process, the project will need to seek a qualified evaluator to aid in the design and implementation of a comprehensive formative process and outcome evaluation of the Massachusetts Abstinence Education Project.

In order to improve the quality and effectiveness of abstinence education being provided throughout Massachusetts and to increase the successful utilization of adapted

project materials in the classroom setting, it is expected that the project will continue to provide ongoing technical assistance to targeted schools and other community abstinence programs to facilitate their use of the project materials, increase the effectiveness of their activities, and assist them in obtaining additional funds through grantsmanship.

Samuel Louis, M.P.H., will continue to serve as the Abstinence Education Project Director and have a key role during this planning period for the second half of FY05. He oversees all aspects of the project including, but not limited to, fiscal and programmatic oversight of the project's contractors and coordination with existing providers and constituency groups. This position is located in the Office of Adolescent Health and Youth Development within the Bureau of Family and Community Health. The Division Director for Primary Care and Health Access, Ms. Donna Johnson, LICSW, will provide direct supervision and work with the project director to assure that the project meets and follows the guidelines set in the grant announcement.

The Massachusetts Department of Public Health emphasizes partnership with its constituency. Partners, particularly the community, have been and continue to be involved throughout the project. For the remainder of FY05, the key partnership will be with the Department of Education, as we assess the various possibilities and approaches to targeted classroom abstinence education. Initially the project utilized an advisory committee. During the past two years the Project has utilized community based groups to obtain feed-back and input, held focus groups with different segments of the populations, conducted written and telephone surveys, and held meetings with different service providers. On-going formative research has been the basis and will continue to provide the framework for this project. As part of this application process and as a requirement of

the federal application guidance, a copy of this proposal is being posted on the Department's website to allow for comments from the general public.

In order to continue to meet the federal expectation for public input and community involvement throughout future project implementation, the planning process will also consider the best mechanisms for assuring input and feedback regarding classroom based abstinence education. Historically, the project staff have hosted and/or participated in a number of meetings throughout the state, attended statewide conferences, coordinated efforts with in-house staff and community organizations, and sat on a number of youth development related projects. It is expected that some of these approaches will continue in the future. They have and will include, but are not limited to:

- Abstinence Education Providers: school program leaders, youth program providers, faith-based program providers, health educators, and teen pregnancy prevention program providers.
- Parents and Youth (including youth with disabilities)
- Established youth policy groups (i.e., the Governor's Adolescent Health Council, Youth Violence Prevention Coalition).
- Medical providers and organizations such as the Academy of Pediatrics and Federation for Children with Special Health Care Needs.

The continued inclusion of various public/community persons/groups will ensure successful strategies for the future of the Massachusetts Abstinence Education Project, including classroom education as well as product development and distribution. Through this process, the Project will continue to increase awareness of the Abstinence Education Project and its available resources, promote the development of abstinence education in

targeted classrooms, reinforce the inclusion of abstinence education in existing programs, and enhance the network of collaborators that provide services to youth and their families.